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TRANSMITTAL	Filing Date	<u> </u>	vember 20, 2003			
FORM	First Named Inventor	 	Brian W. Hedrick			
PORIVI	Art Unit	1764				
	Examiner Name	Jennifer A. L	euna			
(to be used for all correspondence after initial filing)	Attorney Docket Number					
Total Number of Pages in This Submission 10		106010-1				
ENCLOSURES (Check all that apply) After Allowance Communication to TC						
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certifled Copy of Priority Document(s) Reply to Missing Parts/	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence of Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Commarks	g-related Papers to Convert to a nal Application of Attorney, Revocation of Correspondence Address al Disclalmer t for Refund mber of CD(s)		Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): RCE Transmittal (PTO/SB/30) Credit Card Payment Form (PTO-2038)		
Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	RE OF APPLICANT, ATTO	DRNEY, O	R AGENT			
Firm Name UOP LLC						
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Printed name James C. Paschall						
Date March 22, 2006		Reg. No.	36,887			
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Effective on 12/08/2004. Fees pursuent to the Consolidated Appropriations Act. 2005 (H.R. 4818).		Complete if Known				
FEE TRANSMITTAL	Application Number	10/717,686				
	Filing Date	November 20, 2003				
For FY 2005	First Named Inventor	Brian W. Hedrick				
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Jennifer A. Leung				
	Art Unit	1764				
TOTAL AMOUNT OF PAYMENT (\$) 1,240	Attorney Docket No.	106010-1				
METHOD OF PAYMENT (check all that apply)						
Check X Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: For the above-Identified deposit account, the Director Is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments						
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Small Entity Application Type Fee (\$) Fee (\$)	Small Entity Si Fee (\$) Fee	MINATION FEES Small Entity (\$) Fee (\$)	Fees Paid (\$)			
Utility 300 150 500		00 100	•			
Design 200 100 100	50	65				
Plant 200 100 300	150	50: 80	 .			
Reissue 300 150 500	250 60	00 300 .				
Provisional 200 100 0	0	0 0				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee (5) Fee (5) 25 100 100 180						
Total Claims		tiple Dependent Claims ee (\$) Fee Pald	(\$)			
HP = highest number of total claims paid for, if greater than 20	Pald (\$)					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets						
Ошет. 100 0000 100 (ф100), 100 0000 1202 (ф1						
SUBMITTED BY	Registration No. 36	,887 Telephone	(847) 391-2355			
Signature Country Name (Print/Type) James C. Paschall	(Attorney/Agent)		rch 22, 2006			

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